



*Facts about...*

## HIV Prevention Community Planning

HIV Prevention Community Planning represents a significant step forward in the planning of culturally competent and scientifically sound HIV prevention services that specifically address unique community needs. In December 1993, the Centers for Disease Control and Prevention (CDC) issued a Guidance document on HIV Prevention Community Planning to the 65 state, territorial, and local health departments that receive HIV prevention funds. The Guidance required these health departments to initiate an HIV prevention community planning process in fiscal year (FY) 1994 to qualify for HIV prevention funding for FY 1995 and beyond.

The Guidance outlines a process whereby the identification of high priority prevention needs is shared between the health department administering HIV prevention funds and representatives of the communities for whom the services are intended. In addition, the community planning process embraces the notion that the behavioral and social sciences must play a critical role in the development, implementation, and evaluation of HIV prevention programs within a community.

### **The Guidance Document**

The Guidance document was developed in collaboration with both governmental and nongovernmental organizations. A group of external consultants met twice to advise CDC during the development of the document. The group included a wide range of organizations such as the Association of State and Territorial Health Officials (ASTHO), the National Alliance of State and Territorial AIDS Directors (NASTAD), the Council of State and Territorial Epidemiologists (CSTE), and 15 nongovernmental organizations, including the AIDS Action Foundation (AAF), the National Association of People with AIDS (NAPWA), the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), the National Council of La Raza (NCLR), the National Council of Negro Women (NCNW), and the National Minority AIDS Council (NMAC).

The Guidance is crafted to allow health departments flexibility in designing a community planning structure that best fits the needs of their jurisdictions; however, all planning efforts must follow the 13 principles of community planning identified in the Guidance. The Guidance document also outlines:

- Essential components of a comprehensive HIV prevention program
  - Necessary elements of a comprehensive HIV prevention plan
  - Logistical requirements with which state, territorial, and local health departments must comply in their applications for federal funding

- The roles and responsibilities of health departments, community planning groups, and CDC in the community planning process

### ***Composition of HIV Prevention Community Planning Groups***

A minimum of one community planning group is required for each of the 65 project areas, although many project areas have constituted more than one group. Nominations for membership should be identified through an open process that proactively ensures that socioeconomically marginalized groups and groups that are underserved by existing HIV prevention programs are represented. Groups are led by co-chairs: one health department representative and a representative elected by the planning group. The composition of the planning group must include representatives who reflect the population characteristics of the current and projected HIV/AIDS epidemic in that jurisdiction. Representation should also include:

- State and local health departments, education agencies, and other relevant governmental agencies (e.g., programs for sexually transmitted diseases, substance abuse, mental health, and corrections)
- Experts in epidemiology, behavioral and social sciences, evaluation research, and health planning
- A sample of governmental and nongovernmental organizations providing HIV prevention and related services to persons at risk for or already infected with HIV

The HIV Prevention Community Planning process should attempt to accommodate a reasonable number of representatives without becoming so large that it cannot effectively function. HIV Prevention Community Planning groups are encouraged to seek additional avenues for obtaining input on community HIV prevention needs and priorities, such as holding well-publicized public meetings, conducting focus groups, and convening ad hoc panels.

### ***Steps in the Community Planning Process***

HIV Prevention Community Planning begins with an accurate epidemiologic profile of the present and future extent of HIV/AIDS in the jurisdiction. Special attention is paid to distinguishing the behavioral, demographic, and racial/ethnic characteristics of the epidemic. This is followed by an assessment of HIV prevention needs that is based on a variety of sources and is collected using different assessment strategies. Next, priorities are established among needed HIV prevention strategies and interventions for specific populations based on the following criteria:

- Documented need
- Outcome effectiveness of proposed strategies and interventions
- Cost effectiveness
- Sound scientific theory (e.g., behavior change, social change, and social marketing theories)
- Values, norms, and consumer preferences of the communities for whom the services are intended
- Availability of other resources
- Other state and local determining factors

A comprehensive HIV prevention plan is then developed that is consistent with the high priority HIV prevention needs identified through the planning process. The final step in the community planning cycle is evaluating the effectiveness of the planning process.

### ***Technical Assistance***

To assist in the implementation of community planning, CDC is working with its prevention partners to provide technical assistance and training to health departments and community planning groups. During this first year of community planning, CDC has provided technical assistance on:

- Parity, inclusion, and representation of affected populations
- The use of epidemiologic data in the planning process
- Community planning processes and models
- Access to behavioral and social science expertise, including information on effective and cost-effective HIV prevention efforts
- Conflict of interest and dispute resolution

This technical assistance is being delivered through a network of governmental, nongovernmental, and private providers. CDC will continue to solicit input on how it can further assist grantees and community planning groups throughout this evolving process.

For more information on HIV prevention community planning, contact the CDC National AIDS Clearinghouse (800)458-5231, or your health department's AIDS program representative.